

Apr 04-2005 23:48

From:PHILIPS ELECTRONICS ICS

814-332-0615

T-662 P.001

F-883

RECEIVED
CENTRAL FAX CENTER

APR 04 2005

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence of 67 pages is being facsimile transmitted to 703-872-9300 at the USPTO, or deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450 Alexandria, VA 22313-1450 on the date shown below:

By: Michael Bell

Date: 4-4-05

Fee
only

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Attorney Docket: PHN 14,746R

Kornelis A. Schouhamer Immink

Confirmation No.: 3533

Serial No.: 09/899,091

Art Unit: 2819

Filed: 07/05/01

Examiner: Peguy Jean Pierre

Title: Record Carrier Containing A Signal Having A Sequence Of Successive Information Signal Portions

Honorable Commissioner For Patents
PO Box 1450 Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated 07/03/03, please amend the above identified application as follows:

1 04/11/2005 TBELL1 00000005 141270 09899091
01 FC:1252 450.00 DA
02 FC:1282 900.00 DA
03 FC:1281 400.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number

09899091

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 = *	-
INDEPENDENT CLAIMS	minus 3 = *	-
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	4-405 D	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	* 140	Minus	** 122 = 18
Independent	* 37	Minus	*** 35 = 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY
TYPE
OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	150.00	OR BASIC FEE	300.00
X\$ 25=		OR X\$50=	
X100=		OR X200=	
+180=		OR +360=	
TOTAL		OR TOTAL	

OTHER THAN
SMALL ENTITY
OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 25=		OR X\$50=	900
X100=		OR X200=	400
+180=		OR +360=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	1300

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 25=		OR X\$50=	
X100=		OR X200=	
+180=		OR +360=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 25=		OR X\$50=	
X100=		OR X200=	
+180=		OR +360=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	